

FOUNDATION FARM (2012-2369) Farm share holder since _____ Phone _____

Age _____ Sex M F Interviewee self parent spouse _____ Interviewed by _____ on _____

Instructions: Questions on pages 1 and 2 pertain to the household and should be asked once per household. The remaining questions (page 3-5 for well people, or 3-6 for ill) are about individual exposures and illness and should be asked **once for each household member** who might have consumed Foundation Farms products, whether or not that person was ill. If your interviewee is a parent with 2 children, you will ask the "household" questions once and the "individual" questions three times. You might want to write down the names or initials of co-household members to help you keep your questionnaires in order. If interviewees are not willing to share contact information for friends or family who may have been exposed, invite them to ask their friends to contact OPHD epidemiologists at 971-673-1111 (Tasha Poissant, Margaret Cunningham, Bill Keene, Genevieve Buser).

HOUSEHOLD QUESTIONS

How many people live in your household (including you)? _____

Names or initials of co-householders: _____

March 2012						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
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April 2012						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
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29	30					

[1] Y ? N

A In the past month, have you or anyone in your household had raw milk or cream from Foundation Farm?

B In the past 2 weeks, have you or anyone in your household consumed FF raw milk or cream?

C In the past month, have you or anyone in your household consumed raw milk from any other source?

Household makeup: D Men (#) _____ E Women (#) _____ F Children (#) _____

FF raw milk/cream drinkers: G Men (#) _____ H Women (#) _____ I Children (#) _____

Since mid-March, have you shared any of the FF raw milk with anyone from outside your household?

If yes, collect names and contact info:

What is your regular pickup day?

J no regular pickup K Sun L Mon M Tues N Wed O Thur P Fri Q Sat

ITEMS FROM FOUNDATION FARM FOR HOUSEHOLD – REGULAR ORDER

[2] Y ? N

Which of the following items do you receive regularly (i.e. weekly) from the farm?

A Milk – if yes, what quantity?

B quart

C half-gallon

D gallon

E other _____

F Cream – if yes, what quantity?

G pint

H quart

I half-gallon

J gallon

K other _____

L Yogurt – if yes, what quantity?

M pint

N quart

O half-gallon

P gallon

Q other _____

R other dairy products: specify item and quantity _____

S Eggs – if yes, what quantity?

T dozen

U other _____

V Lamb

W Pork

Y	?	N	
X	<input type="checkbox"/>	<input type="checkbox"/>	Any other meat: specify item and quantity _____ Any
Y	<input type="checkbox"/>	<input type="checkbox"/>	other product from Foundation Farm: specify item and quantity _____
Z	<input type="checkbox"/>	<input type="checkbox"/>	

ITEMS FROM FOUNDATION FARM FOR HOUSEHOLD – SPECIAL ORDERS

[3]	Y	?	N	In addition to your regular pickup, have you received any of these items from Foundation Farm since mid-March? (for each of the following, indicate date of receipt)
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Milk – if yes, what date? m___/d___/y___ What quantity?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	quart
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	half-gallon
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gallon
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other _____
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cream – if yes, what date? m___/d___/y___ what quantity?
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pint
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	quart
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	half-gallon
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gallon
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other _____
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yogurt – if yes, what date? m___/d___/y___ what quantity?
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pint
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	quart
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	half-gallon
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gallon
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other _____
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other dairy products: specify item, date and quantity _____ m___/d___/y___
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eggs – if yes, what quantity?
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dozen
U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other _____
V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lamb
W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pork
X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any other meat: specify item, date, and quantity _____ m___/d___/y___
Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any other product from Foundation Farm: specify item, date, and quantity _____ m___/d___/y___
Z	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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QUESTIONS FOR INDIVIDUAL HOUSEHOLD MEMBERS (ASK THESE FOR EACH MEMBER OF HOUSEHOLD, WHETHER ILL OR NOT)

Name _____ Age _____ Sex M F Interviewee self parent spouse

[4] **Y ? N**

A Have you/your child personally visited Foundation Farm since mid-March?
If yes, on what dates?
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___

While at the farm (since mid-March), did you/ your child....

B pet any animals?
 C come into any contact with animal waste on the farm (e.g., step in cow pie)?
 D eat or even taste any food (including food that you brought with you, food from the farm, or food from anywhere else)?

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					1	2 3
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29	30					

[5]

On which dates did you/your child drink raw **milk** from FF? A never, or.....
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___

If assessing dates is unrealistic, try frequency - describe how often the individual typically consumes milk each week or day.

On which dates did you/your child drink raw **cream** from FF?? B never, or.....
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___

If assessing dates is unrealistic, try frequency - describe how often the individual typically consumes cream each week or day.

On which dates did you/your child drink raw **yogurt** from FF? C never, or.....
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___
 m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___ m___/d___/y___

If assessing dates is unrealistic, try frequency - describe how often the individual typically consumes cream each week or day.

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					1	2 3
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[6] **Y ? N** **Since Mid-March, how have you/your child consumed the MILK from your share? (We'll ask about cream next).**

A Did you/your child drink any FF raw **milk** "as is" (i.e., cold, not heated, not added to coffee/tea)?
If yes, how much? By a "glass" we mean about 8 oz. (for comparison, a soda can is 12 oz).

B One glass per month
 C One glass per week
 D 2-4 glasses per week
 E 1-2 glasses per day
 F >2 glasses per day
 G Other quantity _____

H Did you consume any FF raw **milk** in your coffee, tea, or other hot beverages?
If yes, how much? By a "glass" we mean about 8 oz, so 1 oz in coffee each day will add up to just under one glass per week.

I One glass per month
 J One glass per week
 K 2-4 glasses per week
 L 1-2 glasses per day
 M >2 glasses per day
 N Other quantity _____

Raw milk consumption, continued

- O Did you/ your child consume any FF raw **milk** in cereal? *If yes, how much?*
- P One glass per month
- Q One glass per week
- R 2-4 glasses per week
- S 1-2 glasses per day
- T >2 glasses per day
- U Other quantity _____

[7] **Y ? N**

- A Did you have any prepared foods (sauces, puddings, homemade yogurt, baked goods) cooked or baked with FF raw milk?
- B If yes, was any of the milk that you baked or cooked with heated or boiled before use?
How much did you cook or bake with? By a "glass" we mean about 8 oz, so a quart is 4 glasses and a gallon is 16 glasses.
- C One glass per month
- D One glass per week
- E 2-4 glasses per week
- F 1-2 glasses per day
- G >2 glasses per day
- H Other quantity _____

- I Did you/your child use FF raw milk in any way other than mentioned above?
Specify: _____

- J If yes, how much?
- K One glass per month
- L One glass per week
- M 2-4 glasses per week
- N 1-2 glasses per day
- O >2 glasses per day
- P Other quantity _____

Y ? N Raw cream consumption: Since Mid-March, how have you/your child consumed the CREAM from your share?

- Q Did you consume any FF raw cream "as is" (i.e., cold, not heated, not added to coffee/tea)?
- R *If yes, how much? By a "glass" we mean about 8 oz. (for comparison, a soda can is 12 oz).*
- S One glass per month
- T One glass per week
- U 2-4 glasses per week
- V 1-2 glasses per day
- W >2 glasses per day
- X Other quantity _____

[8] **Y ? N**

- A Did you/your child consume any FF raw cream in your coffee, tea, or other hot beverages?
If yes, how much? By a "glass" we mean about 8 oz, so 1 oz in coffee each day will add up to just under one glass per week.
- B One glass per month
- C One glass per week
- D 2-4 glasses per week
- E 1-2 glasses per day
- F >2 glasses per day
- G Other quantity _____

Y	?	N	Raw cream consumption, continued
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you consume any FF raw cream in cereal? <i>If yes, how much?</i>
I	<input type="checkbox"/>	<input type="checkbox"/>	One glass per month
J	<input type="checkbox"/>	<input type="checkbox"/>	One glass per week
K	<input type="checkbox"/>	<input type="checkbox"/>	2-4 glasses per week
L	<input type="checkbox"/>	<input type="checkbox"/>	1-2 glasses per day
M	<input type="checkbox"/>	<input type="checkbox"/>	>2 glasses per day
N	<input type="checkbox"/>	<input type="checkbox"/>	Other quantity _____
[9]	Y	?	N
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you/your child use FF raw cream in any way other than mentioned above? Specify: _____
B	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how much?
C	<input type="checkbox"/>	<input type="checkbox"/>	One glass per month
D	<input type="checkbox"/>	<input type="checkbox"/>	One glass per week
E	<input type="checkbox"/>	<input type="checkbox"/>	2-4 glasses per week
F	<input type="checkbox"/>	<input type="checkbox"/>	1-2 glasses per day
G	<input type="checkbox"/>	<input type="checkbox"/>	>2 glasses per day
H	<input type="checkbox"/>	<input type="checkbox"/>	Other quantity _____
[10]	Y	?	N
OTHER QUESTIONS FOR EVERYBODY			
A	<input type="checkbox"/>	<input type="checkbox"/>	Are you/is your child a vegetarian or vegan?
B	<input type="checkbox"/>	<input type="checkbox"/>	Before you got sick, were you on any kind of special or restricted diet for medical, weight loss, religious, or any other reasons?
C	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any underlying health conditions that affect your immune system?
D	<input type="checkbox"/>	<input type="checkbox"/>	Have you recently taken any antibiotics?
E	<input type="checkbox"/>	<input type="checkbox"/>	Have you recently taken any steroid medications (such as prednisone, hydrocortisone,...)?
Z	<input type="checkbox"/>	<input type="checkbox"/>	Have you / your child been sick at all with diarrhea or vomiting since mid-March?

if this person has not been sick, STOP HERE. If they have had symptoms, CONTINUE to the last page.

This page is only for people who got sick. Discard or ignore for those who did not become ill.

Let me read you a list of symptoms. For each one, give me a "yes" or "no." Did you/your child have any...

Y	?	N	SIGNS AND SYMPTOMS	Y	?	N	MORE SIGNS AND SYMPTOMS
H	<input type="checkbox"/>	<input type="checkbox"/>	headache	L	<input type="checkbox"/>	<input type="checkbox"/>	shaking chills
N	<input type="checkbox"/>	<input type="checkbox"/>	nausea	D	<input type="checkbox"/>	<input type="checkbox"/>	any diarrhea or loose stools
V	<input type="checkbox"/>	<input type="checkbox"/>	vomiting	3	<input type="checkbox"/>	<input type="checkbox"/>	if yes to diarrhea, did you have 3 or more loose stools within any 24-hour period?
M	<input type="checkbox"/>	<input type="checkbox"/>	myalgia (muscle aches)	B	<input type="checkbox"/>	<input type="checkbox"/>	any blood in stools
C	<input type="checkbox"/>	<input type="checkbox"/>	abdominal (stomach, belly) cramps	Z	<input type="checkbox"/>	<input type="checkbox"/>	other _____
T	<input type="checkbox"/>	<input type="checkbox"/>	unusual fatigue (feeling tired)				
F	<input type="checkbox"/>	<input type="checkbox"/>	fever (if yes, <input type="checkbox"/> subjective or _____° (max.)				

ONSET AND DURATION

Get precise answers for onset times. Without a date **and time**, it's hard to make a decent epi curve. Estimates are OK. Prompt as needed:
 "What is your best guess of the time?" Don't let them get away with vague stuff like "morning" or "after midnight." Be careful with times such as "midnight" or early morning hours—which day do they mean? By "2 am Friday night," for example, do they really mean Saturday morning?
 Keep probing until it is unambiguous. Write down what they mean—not what they say. Noon is graphed as 11:59 am; midnight as 11:59 pm.

February 2012						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

On what date did you first feel sick?
 m____/d____/y____

At what time did you first feel sick? [PRESS FOR A SPECIFIC TIME]
 _____ am noon _____ pm midnight (very end of day)

[If applicable] **On what day did you start having the vomiting or diarrhea (whichever came first)?**
 Note: the point is to capture the onset of their first "hard" symptom, in case they had a "soft" prodrome.
 m____/d____/y____

[If applicable] **At what time did the vomiting/diarrhea begin? [PRESS FOR A SPECIFIC TIME]**
 _____ am noon _____ pm midnight (end of day)

[If applicable] **Are you still having any vomiting/diarrhea now?** yes no

If no, **how long did the vomiting/diarrhea last?** ___ minutes ___ hours ___ days never had any

Overall, **how long did you feel sick?*** ___ minutes ___ hours ___ days still sick

*If symptoms were intermittent, count from beginning to end (e.g., if sick on Monday, Wed, and Friday, but OK on Tuesday and Thursday, mark "5 days", not 3.

Was anyone in your household sick with a similar illness in the week before you got sick? yes no

MISCELLANY (check all that apply; provide details [names, dates, phone numbers, etc.] at right.)

Y	<input type="checkbox"/>	<input type="checkbox"/>	Did you/Are you...	<input type="checkbox"/> this person died
T	<input type="checkbox"/>	<input type="checkbox"/>	take time off work or school?	if yes, how many days? _____
M	<input type="checkbox"/>	<input type="checkbox"/>	see a doctor or other clinician?	if yes, whom?
E	<input type="checkbox"/>	<input type="checkbox"/>	visit an ER?	if yes, specify
H	<input type="checkbox"/>	<input type="checkbox"/>	get admitted to hospital overnight?	hospital _____ admitted ___/___/___ discharged ___/___/___
S	<input type="checkbox"/>	<input type="checkbox"/>	give a stool specimen?	if yes, when/to whom <input type="checkbox"/> to PHL <input type="checkbox"/> to private lab _____
C	<input type="checkbox"/>	<input type="checkbox"/>	already lab-confirmed?	if yes, specify
W	<input type="checkbox"/>	<input type="checkbox"/>	[if not] willing to provide specimen?	

If this looks like it is reportable disease (e.g., salmonellosis, O157), make sure you get all the info needed to file a normal case report. [This detail is usually not needed for norovirus outbreaks, C. perfringens, etc., in which case this section can be deleted.] Having the usual form at hand is one way to do this, but at the very least, collect the following:

Home Address _____ City _____ Zip _____

DOB m____/d____/y____ Occupation/Grade _____ Worksite/School _____ Race/Ethnicity _____

SAMPLE Caller spielS

(You don't have to use a spiel, much less read one word-for-word. Some people like having them; others don't. These are suggestions for those who like to have a written text. Feel free to modify them so that it sounds natural for you.)

For cohort controls from groups

Hello, this is _____ from the _____. You may have heard that a number of people became sick after the _____. We are working with the _____ County Health Department to try and find out what caused the outbreak. One of the ways we do that is by comparing the kinds of foods eaten by the people who got sick with those eaten by people who did not get sick. Could I ask you a few questions about your <<lunch at Joe's Burger Joint>>?

2012 REFERENCE CALENDARS

Use to help sort out onset dates, etc.; we suggest pasting in on symptom page. Keep them in a monospaced font (e.g., Courier) to keep the columns aligned. Collect 'em all!! Mac users can generate these in the Terminal application; it is an old-fashioned UNIX command, e.g., <user\$ cal 9 2012> to get September 2012

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Administer the Questionnaires

Callers should be familiar with the questionnaire before they begin calling. This sounds obvious, but experience suggests it is a worthwhile reminder. If callers have questions or don't understand how to ask a particular question (or what it means), get it straight before they start. All interviewers should have a common understanding of how to interpret answers.

Use dark ink, and preferably nothing fine tipped. You want it to fax well. No pencil.

If asked, it's OK to answer reasonable questions about the outbreak, but avoid details (particularly about possible vehicles) until after you've gone through the questionnaire. "I don't want to influence your responses, so could we go through list of questions first, and then I'll answer that, ok?"

Be sure to emphasize that you want to hear about foods that they just tasted, even if they didn't eat but a bite or two. (For some people, that doesn't constitute "eating.") It's fine to write notes in the margin if you want to; chances are they'll be ignored.

Pay attention to onset dates and times. Estimates (if absolutely necessary) are OK, but try *hard* to worm a specific date and a specific time out of your subject. If you ask "what time did you first start vomiting?" and they say "morning" – don't let it go!! We can't graph "morning" too well. Ask follow up questions as necessary: "About what time was that?" If they say "between 2 and 3 am" write "~2:30" in the AM slot. If they say "midnight," make sure it is unambiguous which day you are talking about. The stroke of midnight after Friday evening is still Friday--but right after the stroke of midnight it is Saturday. Don't write down what they say (necessarily) – write down what they mean – so keep asking until it is unambiguous. Remember that "12 am" or "12 pm" are ambiguous (look it up if you don't believe me), so don't use them.

For bugs with longer incubation periods, you might not care about the exact time of onset. If knowing the date is specific enough, you can delete the questions about time of onset to speed things up.

UTILITY PAGE: DO NOT DELETE

Footnotes